

O.A. InC.

**Biloxi Regional Medical Center**150 Reynoir Street  
Biloxi, MS 39530  
2284361191**Patient Teaching Instructions**

MILLER, RODERICK C. 4207084

Date discharged: 04/18/2004

Time discharged: 23:22

4/18/04  
ASSAULT BY  
Deputies HALLISON  
WILKESBEATING BY  
HALLISON Co.  
Deputies

have been diagnosed and treated by our emergency care provider. These discharge instructions have been prepared for you in order that you better understand your condition. This condition may affect you now that you have been discharged from our emergency room. Please read these instructions carefully, and do not hesitate to call us if you have any questions.

Emergency care provider was:

**JL A MIRANDA****Special Instructions**

REST TO REST. APPLY MOIST HEAT TO AFFECTED AREA. FOLLOW UP WITH YOUR PRIMARY PHYSICIAN IN 1-2 DAYS. SEE YOUR PHYSICIAN FOR MEDICINE AS DIRECTED. RETURN TO ER FOR ANY WORSENING OF SYMPTOMS. HAVE A GOOD NITE.

Directed to:

MIRANDA FAMILY

150 DIVISION STREET, BILOXI, MS. 39530

Phone: 374-2701

Fax: # 374-4991

Follow up in 1 days.

for an appointment

Follow up to the 5 PM walk in clinic just across the street.

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. You are responsible for arranging and obtaining follow-up care with your doctor or another healthcare provider. If your problem worsens or new symptoms appear and you are unable to arrange for prompt follow-up care, call or return to this emergency room.

If you had EKG's or X-rays done in the Emergency Department, they will be reviewed by a specialist. If the interpretation is different from the Emergency Doctor, you or your physician will be notified.

18-72 hours. If the results indicate a need for

Follow up Treatment - Dr. LANCE BARNES Biloxi

Physical Therapy - Absolute Physical Therapy  
1850? CEMOYNE Blvd Suite A  
Biloxi  
39533

Therapist

Dianne Compton (228)  
Biloxi MS 365-0535**EXHIBIT**

G

**Biloxi Regional Medical Center**

150 Reynoir Street

Biloxi, MS 39530

2284361191

**Patient Teaching Instructions**

MILLER, RODERICK, C. 4207081

**SPRAINS****WHAT IS A SPRAIN?**

A sprain is a tear of one of the tough bands (ligaments) that hold bones together at a joint. They are caused by putting more pressure on a joint than the ligaments can hold. A sprain can be mild or very severe. Symptoms are swelling, bruising, and pain, and the joint will not hold weight. Sprains are common with the ankle, knee, wrist, and elbow.

**HOW DO I CARE FOR MY SPRAIN?**

Resting the area is important. Since the sprain has weakened the ligaments, you can easily injure the area again.

Apply an ice pack for 24-48 hours to decrease swelling. Put a towel under the ice pack to prevent frostbite.

Warm heat (heating pads or warm towels) may also be used after the first 24-48 hours to decrease pain.

Elevate the injury to above the level of the heart. This is very important for the first 4-12 hours, but should be done as much as possible for the first 24-48 hours.

Do not bear weight on the injury if it is painful. Let your body be your guide.

Ace wraps that become too tight should be removed and re-wrapped comfortably. Begin wrapping the affected area at the farthest point from the body and wrap towards the body. It is best to remove Ace wraps for 5 minutes and re-wrap every 2 or 3 hours.

Check for signs of decreased blood flow to the affected area that include:

- Increased swelling below the wrap.
- Blueness, coldness, numbness, or tingling below the wrap.
- Increased pain.

**WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?**

If pain is not improving within 72 hours.

If you are still having problems after 7 days.

If a cast or splint was applied, have it checked in one week after it is put on, or sooner if you are having any problems.

Call your doctor the day after your injury to make an appointment if you were not given an appointment in the Emergency Department.

Be sure to keep all follow-up appointments.

If a change in color (dark or pale) at or below injured area.

If a change in temperature (cool or hot) at or below injured area.

If experience numbness or tingling at or below injured area.

Your condition may benefit from outpatient rehab therapy services. Please ask for this referral or more information.

**Biloxi Regional Medical Center**

150 Reynoir Street

Biloxi, MS 39530

228-4361191

**Patient Teaching Instructions**

MILLER, RODERICK C 4207081

**PERCOCET (oxycodone)**

THIS MEDICINE IS USED TO HELP RELIEVE PAIN.

Take medication exactly as directed. Do not increase dose. This medicine can be habit-forming.

If medicine appears less effective after a few weeks, check with your doctor.

This medication may cause drowsiness or dizziness.

Avoid driving and other activities requiring alertness until your response to medicine is known.

Make position changes slowly to minimize a possible sudden drop in blood pressure.

If confined to bed you should turn, cough, and deep breath every 2 hours to minimize the possibility of developing pneumonia.

Avoid use of alcohol or other medicines that cause drowsiness.

Discard medicine that is discolored or has an odor.

Severe and permanent liver damage may occur from continued and prolonged usage. Adults should not take acetaminophen longer than 10 days and children longer than 5 days unless directed by your doctor.

Possible common side effects are: drowsiness, dizziness, confusion, headache, nausea, vomiting, constipation, rash or breathing difficulties.

DO NOT TAKE this medicine if you are allergic to oxycodone or if you have a narcotic addiction.

**Biloxi Regional Medical Center**

150 Reynoir Street  
Biloxi, MS 39530  
2284361191

**Patient Teaching Instructions**

MILLER, RODERICK C. 4207081

**ANAPROX DS (naproxen)**

**HIS MEDICINE IS USED TO HELP RELIEVE PAIN AND INFLAMMATION.**

Take this medicine with a full glass of water and remain in an upright position for 15-30 minutes.

Take medication exactly as directed. If you miss a dose, take it as soon as you remember. If it almost time for the next dose, wait for the next dose. Do not take double doses.

Anaprox may cause drowsiness or dizziness. Avoid driving or other activities requiring alertness until your response to this medicine is known.

Avoid using alcohol, aspirin, ibuprofen, acetaminophen or other over-the-counter medications without consulting your doctor or pharmacist.

Use sunscreen and protective clothing to prevent reaction to sunlight.

Inform your doctor or dentist if you are taking medicine before other treatment or surgery.

Stop medicine and call your doctor if you have rash, itching, muscle aches, ringing in ears, weight gain, swelling, black stools, or persistent headache occurs.

Possible side effects are: nausea, vomiting, dizziness, fast heart rate, urination problems or ringing in your ears.

**DO NOT TAKE** this medicine if you are allergic to naproxen, have kidney disease, liver disease or ulcer disease.

Biola Regional Medical Center  
150 Reynold Street  
Biloxi, MS 39530  
2284361191

## Patient Teaching Instructions

MILLER, RODERICK C - 4207081

Date discharged: 04/18/2004

Time discharged: 23:22

You have been diagnosed and treated by our emergency care provider. These discharge instructions have been prepared for you in order that you better understand your condition, and how this condition may affect you now that you have been discharged from our emergency room. Please read these instructions carefully, and do not hesitate to call us if you have any questions.

Your emergency care provider was:

**PAUL A MIRANDA**

### Special Instructions

HOME TO REST. APPLY MOIST HEAT TO AFFECTED AREA. FOLLOW UP WITH YOUR PRIMARY PHYSICIAN IN 1-2 DAYS. TAKE MEDICINE AS DIRECTED. RETURN TO ER FOR ANY WORSENING OF SYMPTOMS. HAVE A GOOD NITE.

Referred to:

DAS, FAMILY

1046 DIVISION STREET, BILOXI, MS. 3953

Phone: 374-2701

Hours:

Follow up in 1 days.

Call for an appointment

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. You are responsible for arranging and obtaining follow-up care with a doctor or another healthcare provider. If your problem worsens or new symptoms appear and you are unable to arrange for prompt follow-up care, call or return to this emergency room.

If you had EKG's or X-rays done in the Emergency Department, they will be reviewed by a specialist. If their interpretation is different from the Emergency Doctor, you or your physician will be notified.

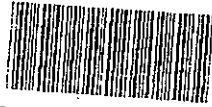
If you had cultures done, results are usually available within 48-72 hours. If the results indicate a need for re-evaluation or change in treatment, you will be notified.

BILOXI REGIONAL MEDICAL CENTER  
150 REYNOIR STREET BILOXI, MS 39533

NUMBER \_\_\_\_\_

170890

NAME \_\_\_\_\_



OF BIRTH \_\_\_\_\_

MILLER, RODERICK C

DOB  
12/20/1965

SEX M  
MR# 125043

F

**BONE**

**PLEASE KEEP FILMS IN ORDER  
WITH  
EXAMINATION TO THE FRONT**

11-15-06



# EXAM

170890 OP STAFF MD,  
HAND 2 VIEWS - RIGHT

18 APR 2004 MILLER, RODERICK C  
170890 ER MIRANDA, PAUL A.  
SHOULDER COMPLETE - RIGHT

**BILOXI  
150 REY**

*[Illegible text]*

MILLER, R

EOB  
12/20/196

**PLEASE KEEP FILMS WITH**

BILCOI REGIONAL MEDICAL CENTER

RADIOLOGICAL INTERPRETATION

PATIENT NAME: MILLER, RODERICK C  
X-RAY#: 170890  
EXAM DATE: 18 APR 2004  
PHYSICIAN: PAUL A. MIRANDA

ACCOUNT #: 4207081  
MED REC #: 126043  
D.O.B.: 12/20/1965 38Y MALE  
ROOM: ER  
HGT/WGT: .0

HISTORY: TRAUMA--MINOR  
ALLEGED ASSAULT  
TRAUMA--MINOR

RIGHT SHOULDER - THREE VIEWS:

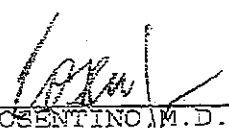
No bone or joint abnormality is identified. The soft tissues are unremarkable.

OPINION: NEGATIVE EXAM.

DATE DICTATED: 4/19/2004  
DATE TRANSCRIBED: 4/19/2004  
TRANSCRIPTIONIST: LI  
TECHNOLOGIST: SJS

CHART

ORDER#: 3799022

  
D.G. COSENTINO, M.D. DABR  
INTERPRETING PHYSICIAN

PAGE 1 OF 1



DISCHARGE REPORT  
 B I L O X I R E G I O N A L M E D I C A L C E N T E R  
 100 N. HENRI ST., BILLOXI, MS, 39261  
 E.D. MCCLAIN, M.D. & E.J. SHUMSKI, JR., M.D.

PATIENT: MILLER, RODERICK C  
 I.D.#: 4207081 DISCH.: 04/18/04

MRN: 0000126043 LOCATION: ER--  
 DOB: 12/20/1965 AGE: 38 SEX: M

U R I N A L Y S I S

-----C41303180-M1-----  
 COLLECTED 04/18/04 22:50 REFERENCE RANGE  
 PRIORITY, PHYSICIAN STAT MIRANDA, PAUL

COLLECTED 04/18/04 22:50 ER  
 URINALYSIS  
 COLLECTED 04/18/04 22:50 ER  
 URINE SOURCE \*VOIDED  
 COLOR \*YELLOW YELLOW  
 APPEARANCE \*CLEAR CLEAR  
 GLUCOSE \*NEG NEG  
 BILIRUBIN \*NEG NEG  
 KETONES \*NEG NEG  
 SPECIFIC GRAVITY \*1.015 H 1.016-1.022  
 URINE PH \*6.5 4.6-8.0  
 PROTEIN \*1+ AS NEG  
 UROBILINOGEN \*0.2 0.2-1.5 mg/dl  
 NITRITE \*NEG NEG  
 BLOOD \*TRACE AB NEG  
 LEUKOCYTE ESTERASE \*NEG NEG  
 URINALYSIS MICROSCOPIC

COLLECTED 04/18/04 22:50 ER  
 WBC \*0-4 (0-5) /hpf  
 RBC \*0-4 AS (0-2) /hpf  
 BACTERIA \*TRACE NEG  
 SQUAMOUS EPITH. \*TRACE /hpf  
 MUCCUS \*1+  
 CULTURE BY INDICATED \*NOT INDICATED  
 ML: TRAUMA--MINOR

\* \* RESULT REPORTED FIRST TIME

ATT. PHYS.: MIRANDA, PAUL  
 LOCATION: ER--

MRN: 0000126043  
 PATIENT: MILLER, RODERICK C

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

U R I N A L Y S I S

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PRINTED 04/19/2004 06:30

Page: 1 of 1

AMERICAN MEDICAL

5016148420

10/12/2005 14:28



## EMERGENCY DEPARTMENT

## MUSCULOSKELETAL NURSING ASSESSMENT

Name: MILLER, RODERICK C

PU#4207081

Age: 38 YRS DOB: 12/20/1965

Sex: M

MR#: 0000126043

Date In: 4/13/2004

Time: 2:45

EDP: MIRANDA, PAUL A

PCP: NONE

## Subjective Notes:

Total body pain

Location: Quadrant Quality: ☐ Sharp ☐ Dull ☐ Cramping ☐ Burning ☐ Aching Severity scale: 9/10 Onset: year  
 Provocation: Sit down? ☐ Other: \_\_\_\_\_ Aggravating factors: all  
 Radiating: ☐ No ☐ Yes (specify) \_\_\_\_\_ ☐ Constant ☐ Intermittent Relieving factors: run

Appearance: ☒ Clean ☐ Unkempt ☐ Other \_\_\_\_\_ Environment: ☐ No steps ☐ Few steps ☐ Many steps  
 Mood / Affect / Behavior: ☒ Appropriate ☐ Depressed ☐ Anxious Nutritional status: ☒ Normal ☐ Cachectic ☐ Obese  
☐ Fearful ☐ Other \_\_\_\_\_  
 Caregiver: ☐ Self ☐ Family member ☐ Significant Other ☐ Group home Best learn by: ☒ Verbal ☐ Written ☐ Return demo  
 Activity level: ☒ Ambulates independently ☐ Requires assistance ☐ Non-ambulatory Learning barriers: ☐ TDD phone ☐ Interpreter ☒ No ☐ Yes  
☐ Performs ADL's independently ☐ Requires assistance with ADL's ☐ Other: \_\_\_\_\_

## Direction and amount of force:

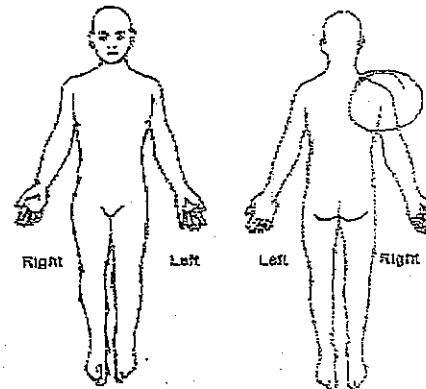
none

Use numbers to indicate injury location and type

## What was felt or heard upon injury:

none

Pre-hospital treatment: ☐ Full spinal immobilization ☐ C-Collar ☐ Splint  
☐ Pressure dressing ☐ Ice ☐ Heat ☐ Ace wrap  
none



1. Abrasion
2. Amputation
3. Avulsion
4. Burn
5. Closed Fr. / Dis.
6. Contusion
7. Crepus
8. Deformity
9. Edema
10. GSW
11. Laceration
12. Open Fr.
13. Stab
14. Contusion
15. \_\_\_\_\_

PMH from triage: CONCUSSION AS CHILD, KIDNEY STONES, WRIST SURGERY

☐ Previous Sx involving musculoskeletal system and date: unk  
☐ Diabetes ☐ Arthritis ☐ Osteoporosis ☐ Hemophilia ☐ Cancer: \_\_\_\_\_  
☐ Anticoagulant medicines: ☐ ASA ☐ Coumadin ☐ Other: \_\_\_\_\_

## Muscle strength: 0= no strength 5= normal

RUE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5  
 LUE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5  
 RLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5  
 LLE ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☒ 4 ☐ 5

## Lacerations / Abrasions / Avulsions / Contusions

Bleeding: ☐ Absent ☐ Present ☐ Scant ☐ Moderate ☒ Heavy ☐ Pulsating  
 Immunization: over 5 yea

Scars: \_\_\_\_\_

Edema: \_\_\_\_\_

## Extremity Assessment

RUE Pulses: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cap. Ref.: <input checked="" type="checkbox"/> < 2 s. <input type="checkbox"/> > 2 s.	Motion: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sensation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Temp: <input checked="" type="checkbox"/> W <input type="checkbox"/> C	Color: _____
LUE Pulses: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cap. Ref.: <input checked="" type="checkbox"/> < 2 s. <input type="checkbox"/> > 2 s.	Motion: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sensation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Temp: <input checked="" type="checkbox"/> W <input type="checkbox"/> C	Color: _____
RLE Pulses: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cap. Ref.: <input checked="" type="checkbox"/> < 2 s. <input type="checkbox"/> > 2 s.	Motion: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sensation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Temp: <input checked="" type="checkbox"/> W <input type="checkbox"/> C	Color: _____
LLE Pulses: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Cap. Ref.: <input checked="" type="checkbox"/> < 2 s. <input type="checkbox"/> > 2 s.	Motion: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sensation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Temp: <input checked="" type="checkbox"/> W <input type="checkbox"/> C	Color: _____

## Neurological

☐ Alert ☐ Uncooperative  
☒ Oriented X ☐ Combative  
☐ Cooperative ☐ Agitated  
☐ Awake but confused ☐ Restrained

## Cardiovascular

Skin: ☒ Warm ☐ Dry ☐ Moist ☐ Diaphoretic  
 Color: ☒ Pink ☐ Pale ☐ Ashen ☐ Flushed  
☐ Cyanotic ☐ Jaundiced

## Respiratory

Airway: ☐ Clear ☐ Other: \_\_\_\_\_  
 Effort: ☒ Unlabored ☐ Mildly ☐ Severely  
☐ Retractions ☐ Stridor ☐ Nasal Flaring  
 Lung: ☒ Clear ☐ Wheezing ☐ Crackles  
☐ Rhonchi ☐ Decreased

Vital Signs: 20:54 T: 98.2 P: 79 Regular R: 18 BP: 105/075 Nurse Signature: [Signature]

**INITIAL ASSESSMENT FORM**

EMERGENCY MEDICAL CENTER

PRIORITY: 4

Patient: MILLER, RODERICK C

P#: 4207081

Non-Urgent

DOB: 12/20/1965

AGE: 35YRS Sex: M

MR#: 0000126043

DATE: 04/18/2004

PCP: NONE

Worker's Comp:  
Emp. Referred:

Presentation Time: 19:46

Triage Time: 20:54

Arrival Mode: AMB-POV

Height: Weight: 195.0 lbs. 89.1 kgs. LVP: N/A

Last Tetanus: over 5 yrs

Acc By: SISTER

Chief Complaint: TRAUMA--MINOR

**Vital Signs**

T: 98.2 PO

P: 79 Regular

R: 18 Unlabored

BP: 105/075

O2: 98 % RA Room

Pain Intensity Scale: 8 / 10

Pain Location: Multiple Areas

Brief Assessment: PT TO ER WITH C/O PAIN TO TOTAL BODY S/P STATES BEATEN BY HCSO WHILE IN JAIL  
LAST NIGHT. SPOKE WITH SGT ROGERS OF HCSD AND REPOT MADE VIA PHONE.NIGHT SWEATS NO  
WEIGHT LOSS NO  
ANOREXIA NOHEMOPTYSIS NO  
FEVER NODOMESTIC VIOLENCE NO  
DOMESTIC VIOLENCE NO  
DOMESTIC VIOLENCE NO  
DOMESTIC VIOLENCE NO**History**

Pre-Hospital: NONE

Treatment:

Pediatric: N/A

Assessment:

Past Medical: CONCUSSION AS CHILD, KIDNEY STONES, WRIST SURGERY

History:

**Allergies: CODEINE**

Medications: NO MEDICATIONS

Nurse Signature: 

BT

Additional Notes:

Rev 04/12/04

AMERICAN TRIAGING

18/12/2005 14:28 5815148428



**ORDER PROCEDURE 065AM LG-JMR**  
**ORTHOPEDIC EMERGENCIES**

Document 61-17 Filed 07/07/08 Page 19 of 19

Name: MILLER, RODERICK C

P#4207081

Age: 38YRS DOB: 12/20/1965

Sex: M

MR#: 0000126043

Date In: 4/18/2004

Time:

EDP: MIRANDA, PAUL A

PCP: \*NONE

Order Time	Order	By	Initials	Signature	Time	Signature	By
	CBC						
	BMP	CMP					
	Sed Rate						
	Uric Acid						
	RA Factor						
	Drug screen (serum), (urine)						
	ETOH						
	Type & Screen or Cross #	Units					
	U6						
	Beta HCG						
	CXR (PA/LAT - Portable)						
	C-Spine (X-table) (Complete)						
	Cardiothoracic						
	EKG						
	ABG						
	O2	LPM					
	Medical History						
	Previous Medical Records						
	Physical Therapy - Eval & Tx						

Order Time	Order	By	Initials	Signature	Time	Signature	By
	Percocet 5/50						

Order Time	Order	By	Initials	Signature	Time	Signature	By
	KVO Device:						
	IV Fluid:						

Order Time	Order	By	Initials	Signature	Time	Signature	By
	NIBP Monitor						
	Pulse Oximetry						
	(Cold), (Heat) Application						
	Wound Irrigation						
	Dressings						
	Ass Bandage Application						
	Sling Application						
	C-Spine Immobilization						
	Foreign Body Removal						
	Flaccid (Bartlett) Anesthesia						
	Conscious Sedation						
	Laceration Repair						
	Cast Application						
	Fracture Care (open), (closed)						

Discharge Instructions:

Cast: moist heat.  
 F/u EPC.

Initials/Signature:	Initials/Signature:	Initials/Signature:	Initials/Signature:

PA/ARNP: *[Signature]* Physician's Signature: *[Signature]*

Rev. 02/05/04

ADMISSION  
RECORD

BLOX REGIONAL MEDICAL CENTER P.O. Box 128 • 150 Reynold Street • Biloxi, MS 38533 Ph: 228-432-1571

ACCOUNT NO. 4207081 MEDICAL RECORDS NO. 0000126043

PATIENT	ADMIT DATE / TIME 04/18/2004 19:45	ROOM NO. 0000	PT E1	FC D	AGE 38	DATE OF BIRTH 12/20/1965	SEX M	RA 1	MS S	LOCATION	PROGRAM	
NAME	PATIENT NAME & ADDRESS MILLER, RODERICK C PO BOX 807 BILLOXI MS 39533		SS NUMBER 436-82-9216		PATIENT EMPLOYER BEAU RIVAGE CASINO			EMPLOYER PHONE NO. (228) 386-7111				
UNIT	RESPONSIBLE PARTY & ADDRESS MILLER, RODERICK C PO BOX 807 BILLOXI MS 39533		SS NUMBER 436-82-9216		RESPONSIBLE PARTY EMPLOYER BEAU RIVAGE CASINO			EMPLOYER PHONE (228) 386-7111				
TEST	PHONE NUMBER (228) 326-9586		PHONE NUMBER (228) 326-9586		RELATIONSHIP TO PATIENT GUARANTOR RE							
CLINICAL	EMERGENCY CONTACT NAME		EMERGENCY CONTACT PHONE		EMERGENCY CONTACT RELATIONSHIP TO PATIENT							
LABORATORY	COMMENTS		MSP <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		MED. KEY <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		PRIVACY		ADMIT. BY JNP			

INSURANCE	INSURANCE CO. NAME & ADDRESS WAUSAU BENEFITS INC PO BOX 8013 WAUSAU WI 54402 (608) 391-0124	PAYER 942	PLAN BRC	POLICY NUMBER 43682921601	DATE OF BIRTH 12/20/1965
	INSURED'S NAME MILLER, RODERICK C		GROUP NAME		
	GROUP NUMBER CATRX		AUTHORIZATION		
U.S. RESIDENT	INSURANCE CO. NAME & ADDRESS	PAYER	PLAN	POLICY NUMBER	DATE OF BIRTH
	INSURED'S NAME		GROUP NAME		
	GROUP NUMBER		AUTHORIZATION		
ALCOHOL	INSURANCE CO. NAME & ADDRESS	PAYER	PLAN	POLICY NUMBER	DATE OF BIRTH
	INSURED'S NAME		GROUP NAME		
	GROUP NUMBER		AUTHORIZATION		
PRINCIPAL DIAGNOSIS (The condition established after study to be chiefly responsible for occasioning the admission of the patient to the HOSPITAL for care).					
TRAUMA--MINOR				ACCIDENT	ACCIDENT DATE
DISCHARGE DATE/TIME					

COMORBIDITIES:

COMORBIDITIES:

PRINCIPAL PROCEDURE

ADD01A

4207081

0000126043

MEDICAL RECORDS COPY

10/12/2005 14:28 501648420



DISCHARGE REPORT  
 SILOXI REGIONAL MEDICAL CENTER  
 100 N. W. 10th Street, Siloam, MS, 38681  
 E.D. MCCLAIN, M.D. & E.J. SHUMSKI, JR., M.D.

PATIENT: MILLER, RODERICK C  
 I.D.#: 4207081 DISCH.: 04/18/04

MRN: 0000126043 LOCATION: ER--  
 DOB: 12/20/1965 AGE: 38 SEX: M

U R I N A L Y S I S

-----C4130180-M1-----  
 COLLECTED 04/18/04 22:50 REFERENCE RANGE  
 PRIORITY, PHYSICIAN STAT MIRANDA, PAUL

COLLECTED 04/18/04 22:50 ER  
 URINALYSIS  
 COLLECTED 04/18/04 22:50 ER  
 URINE SOURCE \*VOIDED  
 COLOR \*YELLOW YELLOW  
 APPEARANCE \*CLEAR CLEAR  
 GLUCOSE \*NEG NEG  
 BILIRUBIN \*NEG NEG  
 KETONES \*NEG NEG  
 SPECIFIC GRAVITY \*1.025 H 1.016-1.022  
 URINE PH \*4.6 4.6-5.0  
 PROTEIN \*1+ AB NEG  
 UROBILINOGEN \*0.2 0.2-1.0 mg/dl  
 NITRITE \*NEG NEG  
 BLOOD \*TRACE AB NEG  
 LEUKOCYTE ESTERASE \*NEG NEG

U R I N A L Y S I S M I C R O S C O P I C

COLLECTED 04/18/04 22:50 ER  
 WBC \*3-4 (0-5) /hpf  
 RBC \*2-4 AB (0-2) /hpf  
 BACTERIA \*TRACE NEG  
 SQUAMOUS EPITH. \*TRACE /lpf  
 MUCUS \*2+  
 CULTURE IF INDICATED \*NOT INDICATED  
 HL: TRAUMA--MINOR

\* - RESULT REPORTED FIRST TIME

ATT. PHYS.: MIRANDA, PAUL  
 LOCATION: ER--

MRN: 0000126043  
 PATIENT: MILLER, RODERICK C

KEY FOR ABNORMAL COLUMN: L-LOW, H-HIGH, AB-ABNORMAL, P-PANIC

U R I N A L Y S I S

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AMERICAN LABORATORY

5816142420

10/12/2005 14:28

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Biloxi Regional Medical Center  
150 Reynoir Street  
Biloxi, MS 39530  
2284361191

**Patient Teaching Instructions**  
MILLER, RODERICK C - 4207081

Date discharged: 04/18/2004  
Time discharged: 23:22

You have been diagnosed and treated by our emergency care provider. These discharge instructions have been prepared for you in order that you better understand your condition and how this condition may affect you now that you have been discharged from our emergency room. Please read these instructions carefully, and do not hesitate to call us if you have any questions.

Your emergency care provider was:

**PAUL A MIRANDA**

**Special Instructions**

HOME TO REST. APPLY MOIST HEAT TO AFFECTED AREA. FOLLOW UP WITH YOUR PRIMARY PHYSICIAN IN 1-2 DAYS.  
TAKE MEDICINE AS DIRECTED. RETURN TO ER FOR ANY WORSENING OF SYMPTOMS. HAVE A GOOD NITE.

Referred to:

DAS, FAMILY  
046 DIVISION STREET, BILOXI, MS. 3953  
Phone: 374-2701  
Hours:  
Follow up in 1 days.  
Call for an appointment

The exam and treatment you received today has been provided on an emergency basis only. This is not a substitute for complete medical care. You are responsible for arranging and obtaining follow-up care with your doctor or another healthcare provider. If your problem worsens or new symptoms appear and you are unable to arrange for prompt follow-up care, call or return to this emergency room.

If you had EKG's or X-rays done in the Emergency Department, they will be reviewed by a specialist. If the interpretation is different from the Emergency Doctor, you or your physician will be notified.

If you had cultures done, results are usually available within 48-72 hours. If the results indicate a need for evaluation or change in treatment, you will be notified.

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## Patient Teaching Instructions

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### SPRAINS

#### WHAT IS A SPRAIN?

A sprain is a tear of one of the tough bands (ligaments) that hold bones together at a joint. They are caused by putting more pressure on a joint than the ligaments can hold. A sprain can be mild or very severe. Symptoms are swelling, bruising, and pain, and the joint will not hold weight. Sprains are common with the ankle, knee, wrist, and elbow.

#### HOW DO I CARE FOR MY SPRAIN?

- Resting the area is important. Since the sprain has weakened the ligaments, you can easily injure the area again.
- Apply an ice pack for 24-48 hours to decrease swelling. Put a towel under the ice pack to prevent frostbite.
- Warm heat (heating pads or warm towels) may also be used after the first 24-48 hours to decrease pain.
- Elevate the injury to above the level of the heart. This is very important for the first 4-12 hours, but should be done as much as possible for the first 24-48 hours.
- Do not bear weight on the injury if it is painful. Let your body be your guide.
- Ace wraps that become too tight should be removed and re-wrapped comfortably. Begin wrapping the affected area at the farthest point from the body and wrap towards the body. It is best to remove Ace wraps for 5 minutes and re-wrap every 2 or 3 hours.
- Check for signs of decreased blood flow to the affected area that include:
  - Increased swelling below the wrap.
  - Blueness, coldness, numbness, or tingling below the wrap.
  - Increased pain.

#### WHEN AND WHY SHOULD I FOLLOW UP WITH THE DOCTOR?

- If pain is not improving within 72 hours.
- If you are still having problems after 7 days.
- If a cast or splint was applied, have it checked in one week after it is put on, or sooner if you are having any problems.
- Call your doctor the day after your injury to make an appointment if you were not given an appointment in the Emergency Department.
- Be sure to keep all follow-up appointments.
- If a change in color (dark or pale) at or below injured area.
- If a change in temperature (cool or hot) at or below injured area.
- If experience numbness or tingling at or below injured area.

Your condition may benefit from outpatient rehab therapy services. Please ask for this referral or more information.

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PERCOCET (oxycodone)

THIS MEDICINE IS USED TO HELP RELIEVE PAIN.

- Take medication exactly as directed. Do not increase dose. This medicine can be habit-forming.
- If medicine appears less effective after a few weeks, check with your doctor.
- This medication may cause drowsiness or dizziness. Avoid driving and other activities requiring alertness until your response to medicine is known.
- Make position changes slowly to minimize a possible sudden drop in blood pressure.
- If confined to bed you should turn, cough, and deep breath every 2 hours to minimize the possibility of developing pneumonia.
- Avoid use of alcohol or other medicines that cause drowsiness.
- Discard medicine that is discolored or has an odor.
- Severe and permanent liver damage may occur from continued and prolonged usage. Adults should not take acetaminophen longer than 10 days and children longer than 5 days unless directed by your doctor.
- Possible common side effects are: drowsiness, dizziness, confusion, headache, nausea, vomiting, constipation, rash or breathing difficulties.
- DO NOT TAKE this medicine if you are allergic to oxycodone or if you have a narcotic addiction.

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**Patient Teaching Instructions**  
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ANAPROX DS (naproxen)

HIS MEDICINE IS USED TO HELP RELIEVE PAIN AND INFLAMMATION.

Take this medicine with a full glass of water and remain in an upright position for 15-30 minutes.

Take medication exactly as directed. If you miss a dose, take it as soon as you remember. If it almost time for the next dose, wait for the next dose. Do not take double doses.

Anaprox may cause drowsiness or dizziness. Avoid driving or other activities requiring alertness until your response to this medicine is known.

Avoid using alcohol, aspirin, ibuprofen, acetaminophen or other over-the-counter medications without consulting your doctor or pharmacist.

Use sunscreen and protective clothing to prevent reaction to sunlight.

Inform your doctor or dentist if you are taking medicine before other treatment or surgery.

Stop medicine and call your doctor if you have rash, itching, muscle aches, ringing in ears, weight gain, swelling, black stools, or persistent headache occurs.

Possible side effects are: nausea, vomiting, dizziness, fast heart rate, urination problems or ringing in your ears.

DO NOT TAKE this medicine if you are allergic to naproxen, have kidney disease, liver disease or ulcer disease.

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